CTR PROGRAM SITE VISIT

**MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
AIDS ADMINISTRATION
CENTER FOR EDUCATION AND TRAINING
LOCAL PREVENTION SERVICES**

CTR PROGRAM SITE VISIT

Goals of Program Site Visit: (Program Implementation or Annual visit)
- To build relationships and provide qualitative information necessary for program implementation or operations;
- To discuss project implementation plans and to identify Technical Assistance (TA) needed to start and sustain program;
- To review project evaluation requirements, including process, reporting structure, deadlines, and provide feedback;
- To identify any fiscal or program issues that may affect program performance.

Date: _____ **Meeting start time:** _____ **End Time:** _____

Agency: _____ **Program Name:** _____

Site Visit Location and site number (s): _____

Names of Site Visit Participants: _____

Site Visit Conducted by: _____

Section 1: Programmatic Issues

A. Staffing:	Yes	No	Comments- If No, then describe action plan.
1. Are there qualified (trained) staff able to meet program goals and meet AIDS Administration's program requirements (according to Conditions of Award or other requirements)? How many staff members?	___	___	
2. Review current Counselor and Site lists. Are all counselor numbers current?	___		
3. Is there a staff-training plan in place with a displayed current training calendar and/or opportunities? Is this site able to use voucher system?	___		
4. Understands expectation of indirect supported site (if applicable)?	___		
5. Have any Counselors attended Level II?	___		

6. Attach copy of (Have available at monitoring appointment) • Organizational Chart • Staff Position descriptions (Full MS-22 or summary posting acceptable)			
7. If answer to A.1. is **No**, then does organization have a valid plan and time line for recruiting and training qualified staff?			

Discussion of Part A. (staff recruitment, retention, training, and skills-building issues):

B. Program Participation:	**Yes**	**No**	**Comments: Describe plan.**
1. Program has plans to reach targeted populations?			
2. Staff able to effectively communicate with clients: Especially targeted population. (i.e., bilingual staff, sign language available, etc.)? Aware of Limited English Proficiency (LEP) Policy and translation resources (i.e., translation web sites, TTY, local translation services, etc.)?			
3. Program has HIV Health Communication Strategy in place (How does the agency tell the public that HIV testing is available?)?			
4. How is client confidentiality assured (i.e., communal waiting areas, clients called by # not name)?			**Describe:**
5. Does site conduct Post Test Counseling by Telephone?			

Additional discussion of participant recruitment strategies, marketing plan and how confidentiality is maintained:

C. Program Fidelity:	**Yes**	**No**	**Comments- If No, then describe action plan.**
1. Possesses updated CTR Manual (including County and Country Codes) and other HIV resource & educational material (including COMAR regulations)?			
2. Has up-to-date resource			**Attach copy of plan.**

directory/referral list to provide appropriate, accessible referrals to program participants?			
3. Has **written** plan in place to meet AIDS Administration CTR Program requirements for making appropriate referrals.			
4. Physical Space is appropriate for the program. Comment on: • Meets program needs • Cleanliness • Temperature regulated • Access to restrooms & water • Reference material available • Adequate storage for specimens • Supplies not outdated	___ ___ ___ ___ ___ ___ ___	___ ___ ___ ___ ___ ___ ___	
5. Program schedule has been designed with dates, times and location of services. • Attach copy of schedule. • Walk-Ins schedule? • Web site information?			
6. Use of incentives, if applicable. • Describe incentives to be used. (when and how) • Gift bags? • Use of Distribution Center?			
D. Project Reporting, Counseling and Testing Forms - Lab Information:	**Yes**	**No**	**Comments- If No, then describe action plan.**
1. Does the site understand the AIDS Administrations reporting requirements (per COA's or other agreement), i.e. bubble sheet. • Are bubble sheets reviewed by CTR Coordinator or another staff person? • Review the length of time between the pretest or posttest session and when forms are submitted • Are there any questions re: the reporting forms?			
2. Review current statistical reports including Quarterly reports and other site information.			
3. Understands importance of collecting and reporting data and for feedback mechanisms.			

4. Program has adequate supply of current copies of:			
• HIV Consent forms	___	___	
• CTR Report forms (i.e. current color)	___	___	
• Information for HIV Infected Persons (white and green card)	___	___	
• Yellow Appointment card	___	___	
• Lab slips (2nd specimen requests)			
• Vacutainers/Mailers	___ ___	___ ___	

E. Record Keeping (Secured?):	Yes	No	Comments?
1. UI Log sheet.	___	___	
2. Patient Files.	___	___	
3. Locked storage capability.	___	___	

Section D & E: Other comments/discussion:

F. OraQuick Advance (OQA) Site Monitoring (if applicable):	Yes	No	Comments?
1. Has CLIA Certificate (Attach Copy)?			
2. Understands how to complete the bubble sheet and how/when to submit forms to the state lab as is relevant to rapid testing?			
3. Has supply of OQA Manufacturer's Information sheets and knowledge of the contents of those sheets?			
4. Has all manuals in place?			
• Exposure Control	___	___	
• Laboratory Quality Manual	___	___	
• OQA Procedures Manual	___	___	
5. Has supply of blank logs and knowledge of their use?			
• Quality Control Log	___	___	
• Refrigerator Temp Log	___	___	
• Testing Room Temp Log	___	___	
• Storage Room Temp Log	___	___	
• Daily Patient Log (UI Log)	___	___	
• Failed Control Flow Chart	___	___	

6. Has supply of blank forms and knowledge of their use?			
• LHD – Communication and Complaint Log	___	___	
• Investigation and Remedial Action on Unacceptable Proficiency Testing	___	___	
• OQA Training List(s)	___	___	
• OQA "Manual Read" List(s)	___	___	
• Exposure Control Training attendance (yearly)	___	___	
7. Has maintained all logs and forms adequately?			
• Quality Control Log	___	___	
• Refrigerator Temp Log	___	___	
• Testing Room Temp Log	___	___	
• Storage Room Temp Log	___	___	
• Daily Patient Log (UI Log)	___	___	
• Failed Control Flow Chart	___	___	
• LHD – Communication and Complaint Log	___	___	
• Investigation and Remedial Action on Unacceptable Proficiency Testing	___	___	
• OQA Training List(s)	___	___	
• OQA "Manual Read" List(s)	___	___	
• Exposure Control Training attendance (yearly)	___	___	
8. Has knowledge of protocol to follow for failed controls and discordant results?			
9. Has adequate storage for Kits and Logs			
• Stores kits in secure location	___	___	
• Stores logs in locked location	___	___	
10. Has supplies to run testing and monitor temperatures?			
• Kits	___	___	
• Controls	___	___	
• Supplies for Finger-sticks	___	___	
• Thermometer in refrigerator (calibrated)	___	___	
• Thermometer for storage area	___	___	
• Thermometer for testing area	___	___	
11. Has participated fully in the Proficiency Testing Program used by the AIDS Administration?			

12. How has rapid testing affected clinic flow? • Improved • Disrupted • No effect • Some effect • Testing not conducted in clinic, done elsewhere (describe)	___ ___ ___ ___ ___	___ ___ ___ ___ ___	
13. Has an understanding of how to order OQA kits, controls and other supplies? • Lead time for ordering kits and controls • Packing slips for controls returned to AA	___ ___	___ ___	
14. Distributes OQA pamphlet to each client tested using OQA?			
15. Has supply of promotional materials? • Banner • Posters • Step-by-Step Guide • 7 x 10.5 "Introduction to Rapid Testing" Booklet • Palm Cards • Other (describe)	___ ___ ___ ___ ___ ___	___ ___ ___ ___ ___ ___	
Discussion of OQA Program:			

Section 2 Evaluation: Quality Assurance and Improvement

A. Evaluation Program:	Yes	No	Comments- If No, then describe action plan.
1. Demonstrates understanding of the QA/I process for program. (CKE, CSS, CKO)			
2. Has supply of evaluation tools (i.e., Pre/Post Tests, Customer Satisfaction Surveys, Counselor Knowledge Evaluation and Observation) and demonstrates understanding of when to administer to staff and clients as specified by the AIDS Administration.			

3. Program has or will administer CKE to at least 85% of active counselors.			
4. Has completed all evaluation tools per AIDS Administration program requirements (i.e. COA's).			
Discussion of evaluation process:			

Section 3: Fiscal Management

	Yes	No	N/A	Comments- If No, then describe plan.
1. Understanding budget process for funded sites. 2. Understands expectations if indirect supported site.				
3. Familiar with fiscal year timelines and submission of required budget material. (e.g., Org Chart, job descriptions, and other forms needed for budget modifications, etc.)				
3. Demonstrates understanding of the budget modification process, and understanding of fiscal reporting requirements. (>10% or $5,000).				
Discussion of fiscal management processes/payments and budget modifications:				

Section 4: Requests & Recommendations for Technical Assistance

List type of Technical Assistance needed and source	Requested	Recommended	Timeline for receiving technical assistance
PCRS? Carol Carp – 410-767-3527 ccarp@dhmh.state.md.us			

Additional Comments:
1) **List e-mail address of person who will receive finalized report:**